

**INTERAGENCY AGREEMENT BETWEEN
THE CONSUMER PRODUCT SAFETY COMMISSION (CPSC)
AND
THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)
(00FED05404-01)**

This document sets forth the terms of agreement for services, supplies, and/or material between the U.S. Consumer Product Safety Commission (CPSC) and the Department of Health and Human Services (DHHS), Centers for Disease Control and Prevention (CDC).

This document serves as an addendum to the Interagency Agreement (number 00FED05404-01) between the Centers for Disease Control and Prevention and the U.S. Consumer Product Safety Commission covering the expansion of the National Electronic Injury Surveillance System (NEISS) to collect data on all injuries. This addendum covers a special study entitled: "*The NEISS Special Study of Intimate-partner Violence, Sexual Violence, Violence Against Children, and Self-inflicted Injury*" which is outlined below.

I. DESCRIPTION OF SERVICES

NEISS Special Study of Intimate-partner Violence, Sexual Violence, Violence Against Children, and Self-inflicted Injury

Purpose

This pilot study will examine the suitability of obtaining additional information about four types of violence treated in US hospital EDs: intimate-partner violence, sexual violence, violence against children, and self-inflicted injury. It proposes using the NEISS All-Injury Program (AIP) data for this purpose. If the pilot is successful, NCIPC would like to collect this information on an ongoing basis.

The types of violence specified are already being identified in the NEISS AIP. However, the existing data items do not exhaust all the information that might be found about these incidents in the typical ED chart by the typical hospital coder. The NCIPC proposes a small number of additional items be tested to see if they can be collected in a sufficient percentage of the identified cases.

Methods

The NCIPC proposes both a prepilot and a pilot. The prepilot will be done on paper on a small number of cases at five hospitals, one for each of the five hospital strata. The prepilot will be done retrospectively with known cases. The purposes of the prepilot are (1) to assess the feasibility of collecting the desired additional data from standard ED records and (2) to perform informal cognitive testing on the questions to see if hospitals coders understand them. Hospitals chosen for the prepilot will not necessarily be representative of all NEISS hospitals. There will be a separate paper form for each type of violence.

In contrast, the pilot study will provide information on the percentage of ED records in a random sample of hospitals that hold the desired additional information and will test the adequacy of the response options provided. The pilot will be done prospectively with incident cases. The pilot will be done with special screens inserted into the data collection form, as is currently being done with other CPSC special studies. Screens will be triggered by answers entered for fields that capture intent, relationship to perpetrator, and reason for assault.

Pre-pilot

- A. Sample of hospitals: one hospital from each of the small, medium, large, very large, and children's hospitals strata. CPSC will identify hospitals that are able and willing to conduct the prepilot.
- B. Sample of cases: 10 meeting each of the 4 case definitions from each of the 5 hospitals, with the exception of the children's hospital, where the intimate partner violence cases will not be included (a total of 190 cases). CDC will identify the cases for the prepilot from cases abstracted and sent to CDC within the past three months from the preselected hospitals. CDC will identify 220 cases to provide enough extra cases to handle any problems encountered with unavailable records.
- C. Case definitions:
 - 1. Violence:
 - intent is assault, and
 - perpetrator relationship is spouse/partner or "multiple" including a spouse/partner. (Spouse/partner category includes current and ex spouses, partners, and boy/girlfriends.)
 - reason for assault is NOT sexual assault
 - 2. Sexual violence at any age: (includes both male and female victims)
 - intent is assault and
 - reason for assault is sexual assault.
 - 3. Nonsexual violence against children:
 - intent is assault, and
 - victim is less than 18 years old, and
 - the perpetrator is NOT a current or former spouse or boy/girlfriend.
 - reason for assault is NOT sexual assault
 - 4. Self-inflicted violence:
 - Intent is self injury
- D. Data collection: ED records will be reviewed by usual hospital coders and data will be abstracted to complete the items described below. The paper forms will be sent to the CDC. We request that the ED records of these selected cases be photocopied and sent to the CDC to compare with the coded information obtained on the cases. Personal identifiers should be obliterated from the records before they are sent to the

CDC, but a unique identifier, e.g., hospital ID, must be maintained to allow linkage with abstraction forms.

- E. Analysis of pre-pilot study data will be done by CDC. CDC will compare copied records with data abstracted from them on a case by case basis.
- F. Schedule: CDC will have prepared the data instruments and instructions for completing them and sent them to the CPSC by July 13, 2001. The CPSC will initiate and complete data collection during August, 2001. Completed data collection forms and copies of matching ED medical records will be sent to the CDC by September 6, 2001. The CDC will revise the questions and instructions and send the revisions to the CPSC by November 30, 2001.

Pilot Study

- A. Sample of hospitals: a total of 15 hospitals distributed among the five strata (small, medium, large, very large, and children's) proportionate to the overall number of cases contributed to the AIP, with a minimum of one hospital chosen per stratum. For example, if "small" hospitals contribute 20% of NAP cases, 3 small hospitals would be randomly chosen for the sample.
- B. Sample of cases: A minimum of 150 cases from each of the 4 case definitions up to a maximum of 5 months of data.
- C. Case definitions: (Same as in the pre-pilot).
- D. Data collection: ED records will be reviewed by usual hospital coders, and data will be abstracted to complete the items described below. Data will be abstracted onto "popup" screens. The data items to be collected may be modified depending on the results of the pre-pilot.
- E. Data compilation: CPSC will review, edit, and merge the data from the special screens with all standard AIP data items from these cases using standard CPSC operating procedures. The electronic records will be sent to the CDC.
- F. Analysis of Pilot study data will be done by CDC.
- G. Schedule: CPSC will initiate data collection in February, 2002 and continue collecting data for the complete study for 3-5 months until a minimum of 150 cases from each of the 4 case definitions are attained or the full 5 months of data are collected.

Data Items to be Tested for Each Type of Violence

A. Nonsexual Intimate Partner Violence

Time of arrival to ED _____ : _____ AM/PM

Use time of arrival rather than time treated.

Number of assailants _____

Type of assaulting spouse or partner: _____

1. Current spouse
2. Ex-spouse (divorced, separated)
3. Boyfriend/girlfriend (including live-in)
4. Ex-boyfriend/ex-girlfriend
5. Date (described as such in record)
8. Multiple different relationships
9. Unknown type of spouse/partner

Victim history of previous intimate partner violence noted? Y/N/U

Diagnosis for second injury, if present _____

use standard diagnosis list

Body part for second injury, if present _____

use standard body part list

Diagnosis for third injury, if present _____

use standard diagnosis list

Body part for third injury, if present _____

use standard body part list

Weapon type(s) that inflicted injury, _____

- 1=firearm
- 2=knife or other sharp object
- 3=blunt object
- 4=personal weapon (hands or feet)
- 5=multiple weapons
- 8=other type of weapon, e.g., poison
- 9=unknown weapon type

Police report made by hospital, or police at scene or at hospital Y/N/U

Referral to community service provider Y/N/U

A provider outside the hospital (e.g., a shelter, crisis center)

B. Sexual Violence at Any Age

Time of arrival to ED _____ : _____ AM/PM

Use time of arrival rather than time treated.

Offender's relationship to the patient _____

01. Parent or stepparent
02. Foster parent
03. Other relative in caretaker relationship

04. Unrelated caretaker, nanny, babysitter
 05. Intimate partner of parent or foster parent, e.g., mom's boyfriend
 06. Intimate partner of related/unrelated caretaker
 07. Official/legal authority in a caretaker role, e.g., guard, staff of group home
 08. Relative(s) not in a caretaker relationship
 09. Acquaintance(s) not in a caretaker relationship
 10. Official authorities not in a caretaker relationship
 11. Stranger(s)
 88. Multiple perpetrators with different relationships
 98. Other specified type of caretaker
 99. Unknown or unspecified relationship
- See next question for spouse/partner relationships.*
- If relationship is spouse/partner, offender's relationship to patient: _____
1. Current spouse
 2. Ex-spouse (divorced, separated)
 3. Boyfriend/girlfriend (including live-in)
 4. Ex-boyfriend/ex-girlfriend
 5. Date (described as such in record)
 8. Multiple different relationships
 9. Unknown type of spouse/partner
- Sex of perpetrator(s) _____ M/F/Both/Unknown
- Number of perpetrators _____
1. One
 2. Two or more
 9. Unknown or not stated
- Perineal injury, if any _____ Y/N/U
i.e., vaginal or anal injury
- Nonperineal injury, if any _____ Y/N/U
- Weapon type that inflicted or threatened injury, _____
- 1=firearm
 - 2=knife or other sharp object
 - 3=blunt object
 - 4=personal weapon, (hands or feet)
 - 5=multiple weapons
 - 6=no weapon
 - 8=other type of weapon, e.g., poison
 - 9=unknown if used or brandished weapon
- Was blood sample drawn for baseline tests or other purpose? _____ Y/N/U
E.g., for serologic tests for syphilis or hepatitis B or for blood typing or hCG measurement (pregnancy test)
- Were cultures drawn or other tests done for STDs? _____ Y/N/U
E.g., swabs for gonorrhea or chlamydia
- Was antibiotic prophylaxis given? _____ Y/N/U
E.g., doxycycline, metronidazole, zidovudine
- Was pregnancy prophylaxis given? _____ Y/N/NA/U

*E.g., oral contraceptive tablets. Not applicable
for male victims.*

Was a Sexual Assault Nurse Examiner (SANE) used?	Y/N/U
Police report made by hospital, or police at scene or at hospital	Y/N/U
Referral to community service provider	Y/N/U
<i>A provider outside the hospital (e.g., crisis center)</i>	

C. Nonsexual Violence Against Children (<18 years old)

Time of arrival to the ED	___ : ___ AM/PM
For internal or external head/face injuries, specify if a bleed or hematoma of the brain or inside the skull	Y/N/U
Shaken Baby Syndrome mentioned	Y/N/U
Diagnosis for second injury, if present <i>use standard diagnosis list</i>	_____
Body part for second injury, if present <i>use standard body part list</i>	_____
Diagnosis for third injury, if present <i>use standard diagnosis list</i>	_____
Body part for third injury, if present <i>use standard body part list</i>	_____
Offender's relationship to the patient	_____
01. Parent or stepparent 02. Foster parent 03. Other relative in caretaker relationship 04. Unrelated caretaker, nanny, babysitter 05. Intimate partner of parent or foster parent, e.g., mom's boyfriend 06. Intimate partner of related/unrelated caretaker 07. Official/legal authority in a caretaker role, e.g., guard, staff of group home 08. Relative(s) not in a caretaker relationship 09. Acquaintance(s) not in a caretaker relationship 10. Official authorities not in a caretaker relationship 11. Stranger(s) 88. Multiple perpetrators with different relationships 98. Other specified type of caretaker 99. Unknown or unspecified relationship <i>For spouses/partners, use the intimate-partner violence screen only.</i>	

Weapon type(s) that inflicted injury,	_____
1=firearm	
2=knife or other sharp object	
3=blunt object	
4=personal weapon (hands or feet)	
5=multiple weapons	
8=other type of weapon, e.g., poison	

9=unknown weapon type
Reported perpetrator's sex M/F/Both/U
Referral to government child protective services agency Y/N/U
Police report made or police at scene or at hospital Y/N/U

D. Self-inflicted Violence at Any Age

Time of arrival to the ED _____ : _____ AM/PM

How did the patient arrive at the ED?

1. Brought self
2. Brought by family, friend, or stranger
3. Brought by ambulance or police
4. Other
9. Unknown

What was patient's mental status at admission? _____

1. Alert
2. Confused or disoriented
3. Comatose or unresponsive
9. Unknown

Suicide note or stated intention to kill oneself? _____

Y/N/U

History of previous suicide attempts noted? _____

Y/N/U

Was event in the context of a fight/altercation with someone? _____

Y/N/U

Psychiatric consult ordered in ED _____

Y/N/U

If patient was admitted, was admission to: _____

1. Medical/surgical ward
2. Psychiatric ward
3. Other. Specify: _____
9. Unknown

Method used or attempted (code all that apply) _____

1. firearm
2. ingestion or inhalation
3. hanging or suffocation
4. jumped from a height
5. stabbing, cutting, piercing
6. other
9. unknown.

For ingestions or inhalations of alcohol, drugs or other substances:

Include all those that were being used at the time of the event, even if they were not taken in overdose or for the purpose of harming oneself. Include substances detected on blood/urine tests even if not reported. Use 99 for unknown.

Name of substance #1, if used _____

Example: Valium, as in fifty 100-milligram pills of Valium

Number of units of substance #1 _____

Example: 50, as in fifty 100-milligram pills of Valium

Dosage or volume of each unit of substance #1 _____

Example: 100, as in fifty 100-milligram pills of Valium

Type of unit of measure of dosage or volume of substance #1. _____

Example: milligram, as in fifty 100-milligram pills of Valium

A dropdown with items like milligram, ounce, etc. should be developed.

Repeat with additional records for second through fourth substances used..

Record blood alcohol concentration (BAC) in percent if obtained: 0. ____ %

II. DURATION OF AGREEMENT

This agreement is approved from the date of signature for both agencies through July 31, 2002.

III. ESTIMATED COSTS

Estimated costs are \$180,000.00. This cost estimate is broken down into the following sub-categories:

Management/contracts cost	25,000.00
Staff support	96,000.00
Cases	9,000.00
Computer support	50,000.00
Total	\$ 180,000.00

IV. FUNDING

All funds provided by CDC in this agreement must be obligated by the performing agency by the end of the fiscal year in which the funds expire. Any unobligated but expired funds may not be used to fund services in subsequent periods. The CDC Financial Management Office (FMO) must be notified of any unobligated funds pertaining to this agreement at least 15 days before the end of the fiscal year so that the agreement can be amended to reduce the obligated amount when appropriate. The notification must be provided to the address cited below (in paragraph V).

V. ACCOUNTING AND BILLING INFORMATION

Funds for this project for FY2000 in the amount not to exceed \$180,000.00 will be transferred to CPSC via OPAC using the following account data:

	From	To
Agency	CDC	CPSC
Agency Symbol	75-09-0421	4610000010
Appropriation	7590943	01 EXOB-PS 4310.00 0111179 25.2105
CAN	1921 1974	
Object Class	25.38	
Amount	\$180,000	\$180,000
EIN No	58-6051157	52-0978750

When billing CDC through the OPAC system, CPSC will reference agreement number: 00FED05404-01.

When funds are provided to the performing agency in advance of services being performed or goods being delivered, the performing agency is required to provide, within 15 days of the end of each quarter, statements of obligations and expenditures made during the quarter. These statements are also provide to the address below:

CDC, FMO
Attn: OPAC Desk
1600 Clifton Road, MS D-06
Atlanta, GA 30333

VI. EQUIPMENT

There is no equipment to be covered under this agreement.

VII. TRAVEL

No travel costs are associated with this Interagency Agreement.

VIII. CONFLICT WITH EXISTING AGREEMENTS

There is no duplication or conflict with existing agreements, policy, or statute.

IX. PROGRAM CONTACTS

CDC: Len Paulozzi, M.D.
NCIPC, DVP (K60)
4770 Buford Highway, NE
Atlanta, Georgia 30341-3714
(770) 488-1394

CPSC: Art McDonald
CPSC
4330 East West Highway, Rm 604D
Bethesda, MD 20814-4408
(301) 504-0539 x1246

X. BUDGET CONTACTS

CDC: Deborah Mathis
NCIPC/OD (K62)
4770 Buford Highway, NE
Atlanta, Georgia 30341-3724
(770) 488-4695

CPSC: Donna Hutton
Contracting Officer, CPSC
4330 East West Highway, Rm 517
Bethesda, MD 20814-4408
(301) 504-0444

XI. MODIFICATION AND CANCELLATION

This agreement may be modified by mutual consent of both parties or canceled upon 60 days advance written notice by either party.

XII. AUTHORITY

This agreement is entered into under Section 601 of the Economy Act, as amended (31 U.S.C. 1535) and the Consumer Product Safety Act.

XIII. APPROVALS

For NCIPC:

for Brenda H. White
Sue Binder, M.D.
Assistant Surgeon General
Director, National Center for Injury
Prevention and Control

Date: 6/28/01

For CPSC:

Thomas W. Murr, Jr.
Thomas W. Murr, Jr.
Acting Executive Director
U.S. Consumer Product Safety
Commission

Date: 7/16/01